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PTO/SB/50 (02-01)

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:			Attorney	Docket No.	PHA 23408R	
Assistant Commissioner for Patents		First Named Inventor		M. Freeman		
	eissue	tents	Original Patent Number		6,330,588	
Washi	ngton, DC 20231		Original Patent Issue Date (Month/Day/Year)		12/11/01	
				Mail Label No.		
APPLICATION (Check appli	FOR REISSUE OF:	Utility Pater	t	Design Patent	Plant Patent	
APPLICATION ELEMENTS (37 CFR 1.173)  ACCOMPANYING APPLICATION PARTS						
	smittal Form (PTO/ SB/ 56)		10.		tus and support for all changes	
1 —	claims small entity status. See 37	CFR 1.27.	11.		tent for surrender	
	on and Claims in double column c nended, if appropriate)	opy of patent		Ribboned Orig	inal Patent Grant	
4. Drawing(s)	) (proposed amendments, if appro	priate)		Statement of L	oss (PTO/SB/55)	
15 1/8 1	ath/Declaration (original or copy) § 1.175) (PTO/SB/51 or 52)		12.	Foreign Priority (	Claim (35 U.S.C. 119)	
6. Power of A	,		13.	Information Discl Statement (IDS)/	1	
	tent currently assigned? Ye	es No	14.	English Translation of Reissue Oath/Declaration (if applicable)		
(If Yes, check ap	oplicable box(es))			(п аррпсаые)		
=	onsent of all Assignees (PTO/SB/	53)	15. Preliminary Amendment			
37 C.F.R. (PTO/SB/	§ 3.73(b) Statement /96)		16.	16. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
8. CD-ROM or large ta	or CD-R in duplicate, Computer P able	rogram (Appendix)	17. Other:			
9. Nucleotide and/or (if applicable, all	cleotide and/or Amino Acid Sequence Submission applicable, all of the following are necessary)					
a. Comput	er Readable Form (CFR)					
b. Specification Sequence Listing on: i □ CD-ROM (2 copies) or CD-R (2 copies); or ii □ paper						
C. Statements verifying identity of above copies						
18. CORRESPONDENCE ADDRESS						
Customer Number or Bar Code Label or Correspondence address below (Insert Customer No. or Attach ber code label here)						
Name Philips Electronics						
Address P.O. Pox 3001						
Zip Code						
City	Briarcliff Manor	State	NY	Fax	10519	
Country USA Telephone 914 333-9641						
NAME (Print)	Type) Michael E.	Marrion	Registration No	. (Attorney/Agent)	32,266	

Signature

Date

D



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE In re Application of Atty. Docket

MARTIN FREEMAN

PHA 23,408R

SERIAL NO.:

GROUP ART UNIT:

FILED: CONCURRENTLY

**EXAMINER:** 

Title: VERIFICATION OF SOFTWARE AGENTS AND AGENT ACTIVITIES

Commissioner for Patents Alexandria, VA 22313-1450

Sir:

Enclosed herewith are the following documents in the aboveidentified re-issued patent application. They are:

- Reissue Patent Application Transmittal
- Reissue Patent Application Fee Transmittal Form
- Reissue Application Declaration and Power of Attorney by the Inventor (unsigned)
- Reissue Application; Consent of Assignees Statement of Non-Assignment
- Statement under 37 CFR 3.73(b)
- Preliminary Amendment
- Authorization Pursuant to 37 CFR 1.136(a) (3) to Charge Deposit Account
- (17) sheets of specification and claims of U.S. Patent 6,330,588
- (4) Sheets of Drawings of U.S. Patent 6,330,588.

Michael E. Marion, Reg. 32,266

Attorney

Tel: 914-333-9641

U.S. Philips Corporation

345 Scarborough Road

Briarcliff Manor, NY 10510

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Atty. Docket

MARTIN FREEMAN

PHA 23,408R

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**EXAMINER:** 

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Commissioner for Patents Alexandria, VA 22313-1450

## AUTHORIZATION PURSUANT TO 37 CFR €1.136(a)(3) AND TO CHARGE DEPOSIT ACCOUNT

Sir:

The Commissioner is hereby requested and authorized to treat any concurrent or future reply in this application requiring a petition for extension of time for its timely submission, as incorporating a petition for extension of time for the appropriate length of time.

Please charge any additional fees which may now or in the future be required in this application, including extension of time fees, but excluding the issue fee unless explicitly requested to do so, and credit any overpayment, to Deposit Account No. 14-1270.

Respectfully submitted,

Michael F. Marion, Reg. 32,266

Attorney'

(914) 333-9641